

**BEFORE THE FITNESS TO PRACTISE COMMITTEE
OF THE GENERAL OPTICAL COUNCIL**

GENERAL OPTICAL COUNCIL

F(25)36

AND

HALIMA KHAN (SO-15819)

**DETERMINATION OF A SUBSTANTIVE HEARING
5-8 MAY 2026**

Committee Members:	Oluremi Alabi (Chair/Lay) David Abbott (Lay) Asmita Naik (Lay) Caroline Clark (Optometrist) Kalpana Theophilus (Optometrist)
Legal adviser:	Mr Paul Moulder
GOC Presenting Officer:	Ms Holly Huxtable
Registrant present/represented:	Not present and not represented
Hearings Officer:	Ms Natasha Bance
Facts found proved:	1 – 6 by admission
Facts not found proved:	None
Misconduct:	Found
Impairment:	Impaired
Sanction:	12 Months Suspension Order (With Review)
Immediate order:	Imposed

Conflict of interest declaration

1. In advance of the hearing, a preliminary issue had been raised by the Committee to the parties concerning a declaration of interest from a member who had had professional contact with two of the witnesses in the case. Having been informed about the details of the contact, the parties had already confirmed that they did not have any concerns. The Committee accepted the legal advice from the legal adviser that the test was whether a member of the public would conclude that there was a real possibility that the hearing would be unfair or that the committee would be biased. It is important that justice is not only done, but also that it is seen to be done.
2. The Committee found that a fair-minded observer, fully informed of the facts, would not be concerned that the limited contact the Committee member had had with the witness previously, would have any adverse influence on the Committee member's decision making. In the circumstances, the Committee determined that there was no real possibility that it would be biased in this case or that bias could be perceived and therefore there was no conflict of interest. It determined that the member could continue hearing the matter and proceeded on that basis.

Proof of Service

3. The Committee heard an application from Ms Huxtable on behalf of the Council to accept the service of notice of the hearing as good and proper. The Council was required to satisfy the Committee that the documents had been served in accordance with Section 23A of the Act and Rule 61 of the Fitness to Practise Rules 2013 (as amended) ("the Rules").
4. The Legal Adviser advised the Committee to consider the Notice of Hearing provided together with the copy of the Council's register demonstrating the Registrant's registered email address. He advised that the Committee had to be satisfied that the Notice served contained the necessary information required to be served pursuant to Rule 28 and had been properly served with notice in accordance with Rule 34.
5. The Committee accepted the advice of the Legal Adviser.
6. The Committee was satisfied that all reasonable efforts had been made to notify the Registrant of the hearing, who had acknowledged service. There had been proper service of the Notice of Hearing in accordance with the Rules.

Proceeding in the absence of the Registrant

7. Ms Huxtable applied to the Committee to proceed with the hearing in the Registrant's absence. She submitted that the Registrant had voluntarily absented herself and had indicated on a number of occasions that she would not attend the hearing. She referred the Committee to the case of *R v Jones* [2002] UKHL5 and made submissions based on the considerations taken from that case. The Committee then went on to consider whether it would be in the public interest to proceed in the Registrant's absence in accordance with Rule 22.

8. The Legal Adviser advised the Committee that, if it was satisfied that all reasonable efforts had been made to notify the Registrant of the hearing, it should consider whether or not to exercise its discretion to proceed in the absence of the Registrant, in accordance with Rule 22. He advised the Committee as to the factors set out by the courts in *R v Jones* [2002] UKHL5 and *GMC v Adeogba* [2016] EWCA Civ 162.
9. The Committee had regard to the email correspondence between the Council and the Registrant. In that correspondence, the Registrant had stated that she would not be in attendance at the hearing. The Registrant stated in an email dated 01 May 2026 that she was experiencing [redacted] and would not be able to attend the hearing. She stated that she did not have legal representation.
10. The Committee noted that the Registrant had indicated an inability to attend, due to reasons going to [redacted]. However, the Registrant had not provided any evidence supporting any issues with her [redacted]. Furthermore, the Registrant was asked if she wanted to apply for an adjournment by the Council in an email dated 21 April 2026. On the same day, the Registrant emailed the Council to say that she was content for the hearing to proceed in her absence.
11. The Committee had not been asked to consider an adjournment of the case and had no indication that the Registrant would attend, if the case was adjourned to a later date, or how long any adjournment would be needed. The Committee bore in mind that the allegations are serious and there is a public interest in proceeding with expedition.
12. The Committee was satisfied that the Registrant, being aware of the hearing had decided not to attend the hearing. It decided that the public interest in proceeding outweighed the merits of an adjournment, when there was no reason to believe that the Registrant would attend in future. The Registrant had also indicated her agreement for the hearing to proceed in her absence and a wish for the hearing to be dealt with expeditiously.
13. The Committee decided that, in all the circumstances, it was fair, appropriate and in the public interest to proceed with the hearing.

Application to amend the Allegation

14. Ms Huxtable applied to the Committee to amend the Allegation, pursuant to Rule 46(20). She submitted that the Allegation, as submitted to the Case Examiners, had been worded differently to the Allegation contained in the Rule 28 Notice of Hearing. She confirmed that the Allegation served on the Registrant in accordance with Rules 28 and 29 had been the proposed amended version. She submitted that the Registrant was therefore aware of the proposed amended version on which the Council also relied. The Registrant had responded to this version of the Allegation in the Hearing Questionnaire and therefore no injustice has been caused to the Registrant.
15. The Legal Adviser advised the Committee that the power in Rule 46(20) was expressly to amend the Allegation which had been notified under Rule 28, and the Council's application was to amend an earlier version of the Allegation. He advised the Committee that the courts had recognised that committees have a general power to amend an allegation, even at a late stage, in order to avoid

undercharging a case: *PSA v HCPC & Doree* [2017] EWCA Civ 319. He advised that the key issues were fairness to the Council and to the Registrant as a prime consideration.

16. The Committee carefully considered the Rules and the legal advice. It concluded that its power to amend the Allegation was limited to the Allegation served in the Rule 28 Notice and did not extend to the previous Allegation which was submitted to the Case Examiners during the investigative stage. The version which had been notified to the Registrant and to which she had the opportunity to respond, was the Allegation in the current form and had been contained in the Notice of Hearing under Rule 28. The Committee took into account the submission to the effect that there was no material change to the Allegation, but merely a better particularisation of the Allegation in light of the expert report. It considered that the Registrant had been on notice of the Allegation which she faced and there was no injustice in the Committee proceeding with the current Allegation.

Application to adduce further expert evidence

17. The Committee was informed by Ms Huxtable that, by an oversight, the expert report dated 17 September 2025 had been included in the Hearing Bundle served on the Registrant and provided to the Committee.
18. Ms Huxtable submitted that an amended expert report, dated 11 December 2025 (“the amended report”), had been obtained from Dr Kwartz and served on the Registrant in January 2026. The Committee was provided with a copy of a covering email sent to the Registrant, dated 06 January 2026 which had enclosed the amended report. Ms Huxtable applied to the Committee to accept into evidence the later report, exercising its discretion under Rule 40(1).
19. The Legal Adviser advised the Committee that it had the power to treat as admissible under the Rules, any evidence which it deemed fair and relevant to admit, whether or not a court of law would admit it. He advised that a court might admit a late document where fair to do so. The key issues were if it was fair and relevant to admit the amended report: the question of fairness applied to both the Council and the Registrant.
20. The Committee took into account that the Registrant had been sent the amended report some time in advance of the hearing. The essential difference between the reports was that in the amended report, Dr Kwartz had given her opinion against the appropriate Council standards for a pre-registration student.
21. The Committee was of the opinion that the standards used in the amended report were relevant to the issues before it and was of assistance in determining the issues. It was also fair to the Registrant and to the Council that the Registrant’s case be judged against the correct standards. The Committee considered that there was no prejudice arising from admitting the document, although it was late.
22. The Committee decided to admit the amended report into evidence and to allow the Council to rely upon it.

ALLEGATION

The Allegation which was notified to the Registrant in the Notice of Hearing served, pursuant to Rule 28 was as follows:

The Council alleges that you, Halima Khan (SO-15819), a registered Student Optometrist, whilst working at Specsavers, [redacted]:

1. *Failed to maintain adequate patient records in that you falsified Patient A's eye examination record, despite Patient A not being present, in the following ways including, and not limited to, the amendments below:*
 - a. *on or around 27 March 2024 you:*
 - i. *recorded that Patient A had presented with eye strain;*
 - ii. *recorded that Patient A's vision was R and L 6/6 when at the time of the eye examination on 16 March 2024 this was recorded as being R 6/7.5 L 6/6.*
 - b. *on or around 30 March 2024 you:*
 - i. *recorded that Patient A had presented with frontal headaches;*
 - ii. *recorded that Patient A was not a spectacle wearer and that new spectacles were recommended;*
 - iii. *recorded Patient A's oculomotor status and near point of convergence to suggest that they had an exophoria and reduced near point of convergence;*
 - iv. *recorded that you recommended convergence exercises to Patient A;*
 - v. *altered the recall period to 3 months;*
2. *Failed to maintain adequate patient records in that you falsified Patient B's eye examination record on or around 21 January 2024, despite Patient B not being present, in the following ways including, and not limited to, the amendments below:*
 - a. *recorded that Patient B presented with a red right eye;*
 - b. *recorded that Patient B had been seen a week ago for a 'full systemic check';*
 - c. *recorded that Patient B was not a contact lens wearer;*
 - d. *recorded that you had detected a right subconjunctival haemorrhage in Patient B's right eye and the subsequent management for this;*
 - e. *added intra-ocular pressure data;*

3. *Failed to maintain adequate patient records in that you falsified Patient C's eye examination record, despite Patient C not being present, in the following ways including, and not limited to, the amendments below:*
 - a. *on or around 28 October 2023, recorded additional information including Patient C's birth history;*
 - b. *on or around 26 November 2023, recorded stereopsis measurement when at the time of the eye examination on 25 October 2023 you did not measure Patient C's stereopsis;*
 - c. *on or around 28 November 2023:*
 - i. *recorded that Patient C had presented with a 'slight foreign body sensation' in both eyes;*
 - ii. *recorded that Patient C had bilateral meibomian gland dysfunction and the management strategy related to this.*
 - d. *between 28 January 2024 and 11 February 2024, you further altered the result of Patient C's stereopsis measurement;*
4. *Failed to maintain adequate patient records in that you falsified Patient D's eye examination record on or around 11 February 2024, despite Patient D not being present, in the following ways including, and not limited to, the amendments below:*
 - a. *recorded that Patient D presented with eye strain which was associated with VDU use;*
 - b. *recorded that Patient D had a small exophoria for distance and near, both with and without refractive correction;*
 - c. *recorded that prescribing glasses would assist the oculomotor status by increasing the accommodative requirement;*
 - d. *deleted the patient's original complaint of headaches.*
5. *Failed to maintain adequate patient records in that you falsified Patient E's eye examination record on or around 21 January 2024, despite Patient E not being present, in the following ways including, and not limited to, the amendments below:*
 - a. *recorded that Patient E had longstanding frontal headaches;*
 - b. *recorded additional information including regarding Patient E's birth history; that the birth weight was normal, no oxygen or forceps used, full term;*

- c. amended Patient E's oculomotor status and near point of convergence to suggest that they had an exophoria and reduced near point of convergence;*
- d. recorded that you had performed a cycloplegic refraction;*
- e. altered the recall period to 3 months;*
- f. recorded that you had advised that Patient E should perform convergence exercises;*

6. Your conduct as set out above at 1-5 is:

- a. Misleading; and/or*
- b. Dishonest, in that you knowingly falsified the patient records for the purpose of your College of Optometrists assessment;*

And by virtue of the facts set out above, your fitness to undertake training is impaired by reason of misconduct.

DETERMINATION

Background to the allegations

23. Registrant is a student optometrist who first registered with the General Optical Council on 24 October 2019. At the relevant times to the Allegation, the Registrant was employed as a pre-registration optometrist at Specsavers, [redacted] (“the Practice”).
24. On around 08 July 2024, the Council received a referral regarding the Registrant. Concerns over the Registrant’s ‘Stage 1’ work-based assessment were raised. An investigation had been conducted at the Practice, which raised further concerns in relation to five patient records. It was suggested that the Registrant had amended the records in order to meet the GOC Stage 2 competencies administered by the College of Optometrists Scheme for Registration.

Admissions in relation to the particulars of the allegation

25. The Council provided to the Committee the Registrant’s written responses in the Hearing Questionnaire to the particulars of the Allegation. In the Hearing Questionnaire the Registrant admitted particulars 1 to 6 inclusive of the Allegation.
26. Ms Huxtable submitted that the Registrant had made full admissions to the Allegation as set out in her response to the Hearing Questionnaire.
27. The Committee accepted the Registrant’s admissions as set out in the Hearing Questionnaire. It noted that the Allegation as set out in the Hearing Questionnaire was the same as contained in the Rule 28 Notice of Hearing. In accordance with Rules 46(5) and 46(6) the Chair announced that the facts of particulars 1 to 6 inclusive were proved as a result of the Registrant’s admissions.

Evidence

28. The Council obtained an expert report from Dr Anna Kwartz, Optometrist. In her report dated 17 September 2025, from a review of the patient records, Dr Kwartz identified a number of amendments across the patient records for patients A to E.
29. The Council relied on the written witness statements and exhibits of persons involved in the case, together with the written expert reports of Dr Kwartz, as follows:
 - Mr A, Specsavers director, dated 13 February 2025
 - Ms A, pre-registration supervisor, dated 17 January 2025
 - Ms B, lead assessor at the College of Optometrists, dated 25 April 2025
 - Dr Anna Kwartz, Optometrist, dated 17 September 2025 and amended report date 11 December 2025
30. In addition, the Council provided copies of audit trails from Specsavers.

Findings in relation to the facts

31. The Committee had accepted the Registrant's admissions, as set out in the completed Hearings Questionnaire, as her admissions to particulars 1 to 6 inclusive of the Allegation, for the purposes of Rule 46(6). The Chair announced that the facts had been found proved.
32. The Committee noted that the Registrant had agreed the content of the witness statements of the Council's factual witnesses, and she had not required their attendance to give evidence.
33. The Legal Adviser advised the Committee that, in light of the admissions in response to particular 6 that the Registrant's conduct in relation to particulars 1 to 5 inclusive was "*misleading and/or dishonest*", the Committee had to decide still whether the conduct concerned had been misleading, dishonest or both misleading and dishonest. The Registrant was not in attendance to clarify her position and the conjunctive use of "and/or" meant that this needed to be ascertained.
34. The Legal Adviser advised the Committee that, if considering the question of dishonesty, it should apply the test set out in *Ivey v Genting Casinos* [2017] UKSC 62. The Committee should make findings as to the state of knowledge or belief as to the facts. It should then decide whether the Registrant's conduct was dishonest by the standards of ordinary decent people, in light of that.
35. Ms Huxtable submitted that, on the basis of the written admissions, the Registrant had admitted both misleading and dishonest conduct, and the Committee should be careful not to 'go behind' the findings of fact announced.
36. The Committee therefore found the facts of particulars 1 to 6 inclusive had been proved by the Council.

Findings in relation to misconduct

37. The Committee heard submissions on behalf of the Council and the Registrant. It has accepted the advice of the Legal Adviser.
38. Ms Huxtable submitted that the Registrant's conduct amounted to misconduct. She referred to the Standards for Optical Students, effective from April 2016 ("the Standards"). In particular, it was submitted that there were breaches of:
 - a. Standard 8 [sic] – maintain adequate patient records.
 - b. Standard 15 – be honest and trustworthy (if dishonesty was found proved).
 - c. Standard 16 - do not damage the reputation of your profession through your conduct.
39. The Legal Adviser advised the Committee that, to amount to the statutory ground of misconduct, the Committee had to be satisfied that the facts amounted to serious professional conduct, using its own judgement. He referred the Committee to the judgement of the court in *GMC v Roylance (no. 2)* [2000] AC 311 and the meaning of misconduct. He also referred the Committee to *R (Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin) to the effect that

misconduct can be serious misconduct in professional practice and also other conduct which brings the profession into disrepute.

40. The Committee took into account that the witness statements relied on by the Council had been agreed by the Registrant. The Committee was also assisted by the amended expert report of Dr Kwartz. Dr Kwartz had conducted a detailed review of the patient records and provided her expert opinion on the breaches of the relevant professional standards.
41. The Committee took into account that patients A to E were actual patients who had been examined by the Registrant, whose patient records the Registrant had accessed on multiple occasions to make amendments despite not having further re-examined any of the patients. When interviewed by Specsavers and by the College of Optometrists' lead and deputy assessors, after initial denials, the Registrant had admitted making the amendments. She had stated that she made the amendments due to feeling under pressure to complete her Stage 1 assessments. In her response to the College's lead assessor's enquiry, the Registrant had stated that she had not realised the gravity of the potential detriment which might be caused to the patients concerned.
42. The Committee considered that the Registrant's conduct, as admitted and found proved in relation to each of the particulars 1 to 6, breached the following of the Standards:
 - *Standard 7.1 - Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.*
 - *Standard 15.1 - Act with honesty and integrity to maintain public trust and confidence in your profession.*
 - *Standard 15.3 - Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient care.*
 - *Standard 15.6 - Do not make misleading, confusing or unlawful statements within your communications.*
 - *Standard 16.1 - Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.*
 - *Standard 16.3 – Be aware of and comply with the law and all the requirements of the General Optical Council.*
 - *Standard 18.2 – Be open and honest with your supervisor or training provider and take part in reviews and investigations when requested and with the General Optical Council, raising concerns where appropriate. Support and encourage your peers to be open and honest, and not stop someone from raising concerns.*
43. The Committee was of the view that, in respect of the alteration of each patient record, the Registrant had failed to maintain a correct patient record by making the alterations. The alterations had been for the Registrant's own benefit, which impugned her integrity and prejudiced public trust in the profession, if patient records could not be relied on.

44. The Committee took into account that the reason for the alterations given by the Registrant was that it was to serve her own interests of qualification following College of Optometrists' Scheme for Registration assessment. It considered that there had been a potential risk to patient care. The resultant, altered patient records, being incorrect would mislead the patient and any professional colleagues referring to them.
45. The Committee considered that the public was entitled to expect that the patient records would be accurate and properly maintained by those persons who were in charge of them as part of professional study for qualification. It was of the view that the public would lose confidence in the profession, if the public was aware that the obligation to maintain true and correct patient records was not being met.
46. In accordance with the legal advice, the Committee turned its consideration to each of the proved particulars regarding the Registrant's amendments to the patient records, in the case of each patient.
47. In respect of Patient A and particular 1, the Committee noted that changes had been made to the patient record for the consultations on 27 March 2024. The Committee accepted Dr Kwartz's analysis that thirteen sections of the record had been altered on the first record and eight sections added to on the second. In her amended report, Dr Kwartz stated in general terms about the amendments:

"8.6.1. For avoidance of doubt, I consider that in some circumstances, modifying a patient record is appropriate and may definitely be indicated. However, any edits should be both clearly evident (i.e show the date of the amendment) and totally truthful.

8.6.2. If it is accepted that the modifications to the records of Patients A - E were not truthful, I consider that the Registrant's actions fell far below that of a reasonably competent student optometrist. My rationale is that there was a significant departure from the standard of a reasonably competent student optometrist and the issue occurred on multiple patient records."
48. The Committee accepted and agreed with Dr Kwartz's opinion. Accordingly, the Committee was satisfied that altering the patient records and adding to them in this way would be regarded as 'deplorable' conduct by fellow professionals and was serious professional misconduct.
49. In respect of Patient B and particular 2 of the Allegation, the Committee noted that the Registrant had made it appear that the patient had presented with a 'red eye' when they did not. The Registrant had also admitted that she had added intra-ocular pressure, recorded a false entry that the patient had undergone a 'full systemic check' and that the Registrant had detected a right subconjunctival haemorrhage which the Registrant had admitted by her admissions were not an adequate record.
50. Notwithstanding that Dr Kwartz had opined that there were minimal negative implications for the patient, who was in their mid-twenties age wise, the Committee accepted and agreed with Dr Kwartz's opinion that amending the patient record fell far below the expected standard and was serious professional misconduct.
51. In respect of Patient C and particular 3, the Committee noted the more numerous alterations to the patient record, being for dates around 28 October 2023 (one

addition), 26 November 2023 (adding stereopsis measurements), 28 November 2023 (slight foreign body sensations noted and bilateral meibomian gland dysfunction and management strategy). Dr Kwartz referred to the potential confusion which might arise at future consultations, from the incorrect records. Although Dr Kwartz was of the view that while there was not likely negative impact, she opined that documenting measurements without having taken them could compromise patient care. The Committee again referred to Dr Kwartz's overall assessment that failure to maintain correct patient records and adding to them retrospectively without making this clear, fell far below standards.

52. The Committee was satisfied that this was serious professional misconduct.
53. Considering Patient D and particular 4, the Committee noted that this related to entries on or around 11 February 2024. The entries added indicated that the patient had a small exophoria and had the effect of showing a small latent divergent misalignment of the eyes which they did not have and deleted the patient's reported headaches. The Committee again referred to Dr Kwartz's overall assessment that failure to maintain correct patient records and adding to them retrospectively without making this clear fell far below standards. The Committee was satisfied that this was serious professional misconduct.
54. Finally, in respect of Patient E and particular 5, the Committee accepted Dr Kwartz's evidence that:

"8.5.21. The record of Patient E was amended to make it appear that they had apparently undergone cycloplegic refraction when they had not. There could be potential implications for the patient if they presented at their next appointment with symptoms consistent with latent hypermetropia. The optometrist who examined them could be falsely reassured that the patient did not have significant latent hypermetropia, given the apparent result found by Ms Khan."
55. Dr Kwartz was concerned that incorrect patient data had been recorded, and in a future examination there would be confusion about the outcomes of any exercises and symptoms. The Committee accepted Dr Kwartz's overall assessment that failure to maintain correct patient records and adding to them retrospectively without making this clear fell far below standards. The Committee was satisfied that this was serious professional misconduct.
56. The Committee noted that, in addition, the Registrant had admitted that each of her actions set out in particulars 1 to 5 inclusive had been misleading and/or dishonest. The Committee was of the view that, in each case of particulars 1 to 5 inclusive, the Registrant's actions had been to amend the patient record by adding information, which was incorrect, or where the addition had not been noted to be retrospectively made. In regard to each instance of adding incorrect information, the Committee was satisfied that the Registrant's conduct had been misleading, because any subsequent person accessing the records would not receive a true and accurate picture of the patient's history.
57. The Committee also turned its mind to the issue of dishonesty, noting that the admission in response to the Hearing Questionnaire had been that the conduct had been misleading "and/or" dishonest. The Committee had already found that the Registrant had committed serious professional misconduct, as set out above. It further took into account that, as admitted in the interviews the Registrant had given to Specsavers and to the College of Optometrists, the Registrant had stated

she had acted for her own self-interests and professional advancement. The Committee concluded that the Registrant had done so knowing that she was entering information which was incorrect about the patients. The Committee was satisfied that ordinary, decent people would regard the Registrant's conduct had been dishonest by their standards.

58. The Committee concluded that the Registrant's conduct, in respect of particulars 1 to 5 of the Allegation had, in each case, been both misleading and dishonest and was serious professional misconduct.
59. The Committee found that the Registrant's misconduct amounted to a series of repetitive similar instances of alteration of five patient records over several months. The Committee considered that the pattern of misleading and dishonest conduct and the lack of integrity shown in this regard, when considered individually or globally, was misconduct.
60. The Committee determined that the Registrant's actions amounted to serious misconduct.

Findings regarding impairment

61. The Committee having found misconduct, went on to consider whether the Registrant's fitness to practise is currently impaired. The Committee heard submissions from Ms Huxtable on behalf of the Council. It read the Council's Skeleton Argument and the written submissions in the Hearing Questionnaire completed by the Registrant.
62. Ms Huxtable submitted that the Committee must look forward, not back in determining impairment. However, to form a view as to the Registrant's current fitness to practise, the Committee had to take account of her past conduct.
63. Ms Huxtable referred the Committee to the Council's document, *Hearings and Indicative Sanctions Guidance* (December 2021) ("the Guidance"). She also referred the Committee to the case of *CHRE v NMC & Grant* [2011] EWHC 927 (Admin) and submitted that all four limbs of the approach to impairment formulated in Dame Janet Smith's 5th 'Shipman' Inquiry report were engaged in this case.
64. Ms Huxtable submitted that the proven Allegation demonstrated a propensity on the part of the Registrant to create false patient records, carrying a risk of harm to patients. The Registrant had brought the profession into disrepute and breached a fundamental tenet of the profession.
65. Ms Huxtable referred the Committee to the 'three-stage' consideration in *Cohen v GMC* [2008] EWHC 581 (Admin) and asked it to consider whether: the misconduct was remediable; whether it had been remedied; and whether it is highly unlikely to be repeated. She also submitted that deliberate dishonesty comes high on the scale of misconduct, particularly where there had been direct harm to patients: *PSA v HCPC and Ajeneve* [2016] EWHC 1237 (Admin).

66. Ms Huxtable submitted that the Registrant's conduct over time had been deliberate, repetitive and demonstrative of a pattern of behaviour. The Registrant had provided no evidence of having undertaken remediation or development of insight.
67. Ms Huxtable submitted that, in any event, the Committee should find impairment in the wider public interests of maintaining public confidence in the profession and upholding professional standards.
68. In the Registrant's response to the Hearing Questionnaire, dated 20 November 2025, she stated an acceptance that her fitness to practice is impaired and added:

"My fitness to practice was impaired during my first placement, however I have completely rectified my mistake and no such thing has happened at all since the incident."

69. The Legal Adviser advised the Committee that the decision whether the Registrant's misconduct demonstrated that her fitness to practise is currently impaired is a matter for the Committee's judgement. The Committee had to consider its findings on facts and misconduct and the further submissions: not every finding of misconduct automatically results in finding impairment of fitness to practise. He referred the Committee to the Guidance.
70. The Legal Adviser advised that the Committee should consider the Registrant's current fitness to practise. However, to form a view, the Committee should take into account how she had acted in the past. He advised the Committee to consider whether in its view there was a risk of the repetition of misconduct by the Registrant. The Committee should consider the seriousness of the misconduct and any harm caused or risked. It should also consider the development of any insight or demonstration of remediation by the Registrant, referring to the three stages taken from *Cohen v GMC* [2008] EWHC 581 (Admin), as referred to above.
71. The Legal Adviser also advised that, aside from any risk of repetition, the Committee must consider whether the wider public interest in maintaining public confidence in the profession and declaring and upholding standards for the profession required a finding of impairment to be made in any event.

Committee's Decision

72. The Committee carefully considered its factual and misconduct findings. It took into account the Council's submissions, the Registrant's comments in the Hearing Questionnaire and the legal advice. It accepted the advice of the Legal Adviser. The Committee had regard to the Guidance. It bore in mind that not all findings of misconduct will result in a finding of current impairment of fitness to practise.

The Committee acknowledged, as set out in paragraph 18.2 of the Guidance, that the Committee “*must look forward, not back when determining impairment*”.

73. The Committee first considered whether, on the evidence provided, it judged that the Registrant’s misconduct was remediable, whether she had sufficiently remedied that misconduct and whether the misconduct was likely to be repeated.
74. In considering whether the misconduct was remediable, the Committee determined that the failure to maintain adequate records by falsification was something which could potentially be remedied, depending on the reason for falsification and the circumstances of the case. The misconduct might be addressed by appropriate further learning and professional development in order to reinforce the importance of maintaining true and accurate patient records.
75. The Committee noted, however, that the Registrant had not provided sufficient evidence of having reflected on her misconduct, or any evidence of having undertaken any appropriate Continuing Professional Development (“CPD”) or other learning or development. The Committee understood from the papers that the Registrant had re-enrolled onto the Scheme for Registration and was currently practising as a student optometrist. However, the Committee had no testimonials or references about her current performance.
76. The Committee also took into account that the misconduct had involved findings of misleading and dishonest acts by the Registrant in relation to each falsification particular found proved. It was well-recognised that dishonesty in professionals is a serious matter and also that it is hard to remediate. The Registrant’s misconduct had occurred over a period of several months, had involved a succession of false entries and a number of patients. The Committee noted that at least two of the patients were minors at the relevant times.
77. The Committee noted that the Registrant’s dishonest conduct had been discovered by her College of Optometrists’ assessor and the Registrant had initially denied falsification until checks had been made by the supervisor. The Committee recognised that the Registrant had thereafter admitted her actions when interviewed by Specsavers, but it noted that the Registrant had attempted to excuse her actions by blaming the pressure she was under to complete the Scheme for Registration assessments and the difficulties which she described as a “*negative experience*” with her assessor. The Registrant had stated in her written response to the lead assessor that the extent of the potential effect on the patients concerned was not realised by the Registrant at the time, which the Committee took to mean that she had not made the care of the patients her first and overriding concern.
78. In considering whether the dishonesty was remediable, the Committee decided that the dishonesty was a deep-seated attitudinal concern. It noted that dishonesty, though difficult to remediate it might be possible with adequate insight and remediation through reflections, appropriate learning and professional

development, as referenced above. The Committee was not provided with any evidence of remediation. The Committee noted that the Registrant had attempted to excuse the behaviour by the situation she was in. In the light of all of this, the Committee found that there was a high risk of repetition of the dishonest behaviour.

79. The Committee accepted that the Registrant had apologised to those involved during the College of Optometrists' investigation. She had also made admissions to the formulation of the Allegations, accepted that her actions amounted to misconduct and impairment. The Registrant submitted in the Hearing Questionnaire that she had "*rectified*" her past conduct.
80. The Committee noted that the Registrant had stated that she was unable to attend the hearing due to [redacted]. It however acknowledged the Registrant's actual engagement with the regulatory process and the admissions she had made despite her non-attendance. The Committee noted that it had not been provided with any written self-reflections about her dishonesty or the misconduct, nor any information about remediation she had undertaken, such as CPD courses or professional learning and development addressing any of the concerns or her dishonest behaviour. Furthermore, the Committee had not received any testimonials or up to date references about the application of her learning and reflection or her current working practices. In this regard, the Committee found that this evidenced her lack of remediation.
81. The Committee acknowledged that these events had happened at an early stage of the Registrant's career and there was the possibility of future development and growth. However, it determined that the repeated misleading and dishonest acts raised serious concerns about the Registrant's attitude and character. The Committee also acknowledged that the Registrant had said that she would not repeat the misconduct, "*because there is no reason to*" in her statement to the lead assessor. The Committee was concerned that she had not evidenced how she would act differently if she were under pressure in the future.
82. Dishonesty in a professional setting is a serious matter and the particular dishonesty in this case is at the high end of the spectrum of dishonest conduct. The Committee found that the Registrant lacked any insight into her actions and it was not satisfied that there had been any remediation of the misconduct. The Committee concluded that, in view of this, there was a high risk of repetition of misconduct, which led to a conclusion that the Registrant's fitness to practise is impaired.
83. The Committee went on to consider impairment in the light of the public interest. It acknowledged paragraph 17.1 of the Guidance, which states:
- "17.1 The GOC's Code of Conduct for individual registrants and Standards document both state that the registrant must "be honest and trustworthy".*

Dishonesty is particularly serious as it may undermine confidence in the profession. Examples of dishonesty may include:

a. ...

b. ...

c. *Improperly amending or changing the detail on patient records.*

d. ...

e. ...

f. ... “

84. The Committee considered that the Registrant's actions in this case had also prejudiced wider public interest concerns. It noted that the Guidance states:

“16.4 When considering impairment of fitness to practise, the Committee must have regard to public interest considerations. In PSA v Nursing and Midwifery Council (Grant) [2011] EWHC 927, the High Court said that, in deciding whether fitness to practise is impaired, the Committee should ask themselves,

“Not only whether the registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.”

85. In the view of the Committee, the Registrant's dishonest conduct undermined the system of professional qualification for optometrists, by attempting to bypass the core criteria for qualification. In addition, it subverted professional standards by attempting to prejudice the proper control of steps to qualification by the Council. The Committee was of the view that both these matters prejudiced the maintenance of public confidence in professional standards for the profession.

86. The Committee considered that, in terms of the formulation of impairment cited in the *Grant* case and taken from Dame Janet Smith's 5th 'Shipman' report, the falsification of patient records by the Registrant put patients at unwarranted risk of harm, because the Registrant entered incorrect clinical data which would then be relied upon in subsequent clinical decision-making. The Registrant had brought the profession into disrepute, based on the number of standards which she had breached, and broken a fundamental tenet for the profession, in the requirement to act with honesty and integrity and had behaved with serious dishonesty in the past. The Committee had also found that there was a risk of repetition of the misconduct.

87. The Committee concluded that in the circumstances, a finding of impaired fitness to practise was necessary to protect the public, due to the risk of repetition of the Registrant's dishonest misconduct. In addition, a finding of current impairment was also necessary in order to satisfy the wider public interests, of maintaining public confidence in the profession and declaring and upholding proper professional standards.
88. The Committee determined that the Registrant's fitness to undertake training as a registered healthcare professional is currently impaired.

Sanction

89. The Committee, having found that the Registrant's fitness to undertake training is currently impaired, next considered what, if any direction it should make under sections 13F (2) and (3) of the Opticians Act 1989.
90. The Committee received submissions from Ms Huxtable on behalf of the Council. Ms Huxtable submitted that the Committee's first consideration must be protection of the public. The primary purpose of sanctions was not punishment of the Registrant and the impact of a sanction was a secondary consideration to protecting the public. She submitted that student registrants were subject to the same standards of honesty as qualified professionals. Ms Huxtable submitted that the Committee should be guided by the Hearing and Indicative Sanctions Guidance.
91. Ms Huxtable submitted that the Committee should consider what were the factors of the case which mitigated or aggravated its seriousness. She submitted that, in *Watters v Nursing and Midwifery Council [2017] EWHC (Admin) 1888* and *Lusinga v Nursing and Midwifery Council [2017] EWHC (Admin) 1458* it was accepted that there is a spectrum of dishonesty; it was wrong to treat all proven dishonesty as being equally serious; where an act sits in the scale must be accounted for in sanction and that not all proven dishonesty will result in erasure. It was submitted that there was no evidence of harmful, deep-seated personality issues and no evidence of repetition of the events. In the circumstances, the Committee might consider a suspension of the Registrant's registration, she submitted.
92. The Committee heard and accepted the advice of the Legal Adviser. He advised the Committee that, having found the Registrant's fitness to undertake training is currently impaired, it must consider imposing a sanction on the Registrant's registration pursuant to section 13F(3) of the Opticians Act 1989 ("the Act"). Any sanction imposed must be the minimum necessary to meet the need for protection of the public.
93. The Legal Adviser advised the Committee to start its consideration of sanction with the least restrictive, moving upward and stopping at the minimum which met the need for public protection. The Committee must balance the interests of the

Registrant with the public interest, in order to be proportionate. The aim of sanction was not punishment, but protection of the public and the reputation of the profession. A sanction may have a punitive effect, provided it is proportionate.

94. The Legal Adviser advised the Committee that it should follow the guidance of the Hearing and Indicative Sanctions Guidance (November 2021) (“the Guidance”). He advised the Committee to consider the seriousness of the misconduct found, including how much harm had been caused or the risk of harm. It should decide whether there were any particular factors aggravating or mitigating the misconduct, setting out how much weight each had in the assessment of seriousness.
95. The Legal Adviser directed the Committee to particular sections of the Guidance relating to dishonesty and referred the Committee to the case of *Simawi v GMC* [2020] EWHC 2168 (Admin) and the court’s review of principles arising from earlier cases involving dishonesty. He also referred to *Lusinga v NMC* [2017] EWHC 1458 (Admin), mentioned in the Council’s skeleton argument.
96. The Committee first considered the issue of the seriousness of the misconduct found. It considered whether there were any particular mitigating and aggravating factors, which affected the consideration of seriousness.
97. In terms of mitigation, the Committee noted that there was no evidence of actual harm having been occasioned to any of the patients involved. However, the Committee had concluded that some potential harm had been risked by the falsification of the patient records.
98. The Registrant had made full admissions of her actions in interview with her employer and to the College of Optometrists. She had co-operated with the Council’s proceedings and provided her full admissions in the Hearings Questionnaire. The Registrant had expressed some remorse for her conduct and apologised. Furthermore, she stated that “*no such thing has happened at all since the incident*”. The Committee had noted that the Registrant had not attended before it or provided any evidence to support her development of insight, although she had written to say that she now appreciated the potential effect on patients. The Committee also considered paragraphs 8.4 and 8.5 of the Guidance and accepted that she was at the early stage of her career.
99. In terms of aggravating factors, the Committee noted that the Registrant’s dishonest acts had been for her personal gain of professional advancement, although there was no direct financial gain. There had been a number of dishonest falsifications over a period. The Committee noted in particular the potential risk of harm to Patients C and E, who were minors.
100. The Committee accepted that the Registrant had not considered the effect on her patients of her actions and had instead focussed solely on her own self-

interest. The Committee found that the Registrant had demonstrated a low level of insight and had provided very little evidence of remediation.

101. While the Committee found that in this case there was limited mitigation and the aggravating factors were far-reaching. In the light of this it determined that the level of seriousness of the misconduct was high. The Committee concluded that a sanction was therefore needed to respond to the level of seriousness and to address all three limbs of the public interest.

102. The Committee moved on to consider the sanctions available to it from the least to the most severe (no sanction, financial penalty, conditional registration, suspension, erasure).

103. The Committee bore in mind that the Guidance specifically states, as regards student registrants:

“8.4 When considering a proportionate sanction for a student registrant, the Committee may consider the stage of a registrant's career/training when making decisions. Whether they have gained insight once they have had an opportunity to reflect on how they might have done things differently, with the benefit of experience and/or further training, may be a mitigating factor.

8.5 However, any mitigation must be balanced against the nature of the concern raised. In cases involving serious concerns about a student registrant's performance or conduct, or dishonesty, the stage of training may be given less weight when considering what action is necessary to protect the public.”

104. The Committee first considered taking no action, despite the Committee having found impaired fitness to practise. The Committee noted that the Guidance set out that there may be exceptional circumstances which justify taking no action in a particular case. However, the Committee concluded that there were no exceptional factors which might justify taking no action in this case in the light of its findings.

105. The Committee considered its power to impose a financial penalty, pursuant to section 13H of the Act. However, although it considered that the Registrant had the purpose of achieving qualification by her dishonesty, there was no evidence that the Registrant had received actual financial gain from the misconduct. Taking into account that the Registrant is a student, the Committee decided that it was not appropriate to impose a financial penalty.

106. The Committee next considered Conditional registration. It noted that the Guidance states that *“conditions might be most appropriate in cases involving a registrant's health, performance, or where there is evidence of shortcomings in a specific area or area of the registrant's practice”* (paragraph 21.17). This was not the situation in the Registrant's case. Further, the Committee considered that conditions could not be formulated to deal with the behavioural issues in its findings.

107. Taking into account the nature and circumstances of the misconduct did not involve clinical issues, the Committee was not satisfied that adequate conditions could be formulated to address all the concerns. Furthermore, it considered that the Registrant had not appeared before it, and the Committee was not reassured that she would adhere to conditions, and therefore doubted the workability of conditions. In any event, the Committee considered that allowing the Registrant to return immediately to practice, even under conditions, failed to mark the seriousness of the misconduct.

108. The Committee moved on to consider Suspension, pursuant to section 13F(3)(b) of the Act. It noted paragraph 21.29 of the Guidance, which states:

“21.29 This sanction may be appropriate when some, or all, of the following factors are apparent (this list is not exhaustive):

- a. A serious instance of misconduct where a lesser sanction is not sufficient.*
- b. No evidence of harmful deep-seated personality or attitudinal problems.*
- c. No evidence of repetition of behaviour since incident.*
- d. The Committee is satisfied the registrant has insight and does not pose a significant risk of repeating behaviour.*
- e. In cases where the only issue relates to the registrant’s health, there is a risk to patient safety if the registrant continued to practise, even under conditions.”*

109. The Committee was mindful that suspension can protect the public for the period of its duration. Suspension also has a deterrent effect, sending a message to the public and to the profession as to the expected standards. The Committee had decided that none of the lesser sanctions available were sufficient in the Registrant’s case, for the reasons set out above. The Committee considered that dishonesty findings, where the conduct had been repeated did indicate that there may be attitudinal problems.

110. The Committee took into account, however, that there was no evidence that the Registrant had repeated her misconduct, since the events between October 2023 and March 2024, when the Registrant had falsified entries for the specific purpose of passing her assessments. The Registrant had stated in her response to the Hearing Questionnaire that she had restarted the scheme for registration and was practising as a student optometrist.

111. Considering the specific circumstances in which the Registrant had acted dishonestly, the Committee noted that in her interview, the Registrant had stated that she had felt subject to pressure to complete her assessment and was profusely apologetic. It noted that the Specsavers director said that a further 30

random samples of record cards checked showed no apparent alteration and appeared to be genuine interactions with patients. The Committee took this into account in its consideration of the risk of repetition.

112. The Committee noted that the Registrant had said in her response statement to the College of Optometrists' lead assessor that she had not realised at the time the full effect on patients of her entries. She expressed that she was now aware of the considerable impact that changes to the record may have for patients and the potential effect on maintenance of public trust in the profession.

113. The Committee considered that the Registrant had expressed some nascent insight, although she had not provided to it reflections, or testimonials to independently support the assertions she made in the Specsavers and College of Optometrists' investigations. The Committee noted paragraph 14.7 of the Guidance, which states:

“14.7 The FtPC should only take account of evidence (for example, testimonials) that is put before it and should not draw inferences from an absence of such evidence, because:

a. There may be cultural or other reasons why a registrant would not or could not solicit testimonials from colleagues or patients, and

b. In any event, such inferences would be likely to be influenced by the Committee's assumptions about the sort of references that might have been produced, assumptions which are untested.”

114. The Committee accordingly decided that the absence of testimonials should not be over-relied on when determining the matter of sanction at this stage. The Committee was mindful that the Registrant was not in attendance at the hearing and did not have legal representation to advance her position. The Committee noted the Guidance in paragraph 14.11, which states:

“14.11 Mitigation that is purely personal in nature, (i.e. does not relate to workplace competence) including testimonials and references, will usually only be relevant at the point of considering sanction.”

115. The Committee took into account the evidence of Ms A, the Registrant's Scheme for Registration supervisor. In her witness statement, Ms A said that the Registrant seemed very remorseful, and Ms A did not think the Registrant would repeat the particular actions. She said that the Registrant had been very disorganised and had not realised the gravity of her actions.

116. The Committee took into account that, though there had been a number of deliberate acts of falsification, over a period, and for personal gain, these had been directed towards the single aim of the Registrant passing her assessment.

The Committee had not been informed of any concerns over the Registrant's practice before these events, or since.

117. The Committee also noted that the Registrant had not provided details of any reflection or remediation undertaken. However, it took into account that the Registrant had not the benefit of legal advice or representation in the proceedings. The Committee took into account the considerations from paragraph 8.4 and 8.5 of the Guidance, bearing in mind the early stage of the Registrant's career. Although, due to the lack of the Registrant being in attendance or being represented at the hearing, the Committee had been driven to decide that there was a risk of repetition, it decided that it would not be right to conclude that the Registrant's potential attitudinal issues were deep-seated, given that whilst the misconduct was repeated it was one overall situation, which had not been repeated before or since.

118. The Committee concluded that there were present in the case factors which suggested that Suspension might be a sufficient sanction.

119. The Committee next considered whether it was necessary, in light of its findings as to the Registrant's dishonest falsification of the patient records, to go further and direct erasure. It considered the Guidance, which states that it should:

“Consider: Is erasure the only sanction which will be sufficient to protect patients and the public interest? Is the seriousness of the case compatible with ongoing registration? Can public confidence in the profession be sustained if this registrant is not removed from the register?”

120. The Committee also particularly considered paragraphs 21.35 and 21.37, which state:

“21.35 Erasure is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional and involves any of the following (this list is not exhaustive):

- a. Serious departure from the relevant professional standards as set out in the Standards of Practice for registrants and the Code of Conduct for business registrants;*
- b. Creating or contributing to a risk of harm to individuals (patients or otherwise) either deliberately, recklessly or through incompetence, and particularly where there is a continuing risk of harm to patients;*
- c. Abuse of position/trust (particularly involving vulnerable patients) or violation of the rights of patients;*
- d. Offences of a sexual nature, including involvement in child pornography;*
- e. Offences involving violence;*

f. Dishonesty (especially where persistent and covered up);

g. Repeated breach of the professional duty of candour, including preventing others from being candid, that present a serious risk to patient safety; or

h. Persistent lack of insight into seriousness of actions or consequences.”

and

*“21.37 Erasure from the register is appropriate if it is the only means of protecting patients and/or maintaining public confidence in the optical profession. The Privy Council in *Bijl v GMC* (Privy Council Appeal No. 78 of 2000) emphasised that a Committee should not feel it necessary to remove: “...an otherwise competent and useful [registrant] who presents no danger to the public in order to satisfy [public] demand for blame and punishment.”*

121. The Committee noted the Guidance in particular on dishonesty states:

*“22.4 There is no blanket rule or presumption that erasure is the appropriate sanction in all cases of dishonesty, although a failure to impose any sanction for dishonesty may be found to be unreasonable in light of the importance of maintaining public confidence in the profession (*Professional Standards Authority for Health and Social Care v General Medical Council* [2019] EWHC 1638 (Admin)). The Committee must balance the particular circumstances of the case against the effect a finding of dishonesty has on public confidence in the profession (*R (on the application of Hassan) v General Optical Council* [2013] EWHC 1887 (Admin and *Siddiqui v General Medical Council* [2013] EWHC 1883)).*

*22.5 When deciding on the appropriate sanction on dishonesty, the Committee must first assess the particular conclusions about the act of dishonesty itself, then, it must consider the extent of the dishonesty and its impact on the registrant’s character and, most importantly, its impact on the wider reputation of the profession and public perception of the profession. (*Solicitors Regulation Authority v Imran* [2015] EWHC 3058 (Admin).”*

122. The Committee considered that, in this case, there had been a serious departure from the relevant professional standards. The Committee had found that the Registrant had created a potential risk to patient care and safety by her alteration of the patient records, although no actual harm had been shown to have been caused. The Specsavers internal investigation and audit had identified the relevant patient records and the Registrant had admitted changing the records in her internal interview. The Registrant’s actions had related to the specific period in the charges between October 2023 and March 2024, when she had been attempting to pass her Stage 1 assessment.

123. The Committee took into account that, after her initial denials to Ms A, the Registrant had made full admissions in her internal interviews. She had co-

operated with the Council's investigation and admitted the factual particulars and accepted her misconduct at an early stage of the process. She had expressed her remorse to her employer and to the College. The Committee considered that these factors, together with the Registrant's relatively early stage in her career should be given considerable weight as mitigating factors. In addition, there was no information before the Committee that the Registrant had repeated her past misconduct.

124. The Committee concluded that there were factors which drew it to seriously consider whether the behaviour was fundamentally incompatible with continued registration. However, in the final analysis, it felt able to draw back from imposing the ultimate sanction because of the Registrant's admissions to her employer and the College at an early stage, her co-operation with the Council and her admissions provided to the Committee.
125. The Committee considered that, notwithstanding the Registrant's lack of attendance at the hearing (which it did not hold against her in the circumstances of her [redacted]) she had expressed her realisation of how serious her previous actions had been and how they affected public confidence in the profession, as well as creating a risk for patients.
126. The Committee was mindful that suspension removes a registrant from practice whose fitness to practise is currently impaired and in this way, the public is protected. Further, the Committee will direct a review of the Registrant's fitness to practise before she may resume practice. Suspension also sends a message to the public and to the profession as to the standards expected for registered professionals.
127. In the circumstances, the Committee concluded that erasure was not the only means in which patients could be protected and public confidence be maintained. In this case, to direct erasure would be disproportionate and punitive. The Committee considered that there is a need for time to enable the Registrant to undertake further work on remediation and to demonstrate her development of full insight to a future Committee.
128. The Committee took into account that the Registrant is currently in practice. Therefore, suspending the Registrant for 12 months may well have an impact on the Registrant, in professional respects. However, since there is a need to protect the public in the immediate term and a need to maintain public confidence and professional standards which outweighs the Registrant's personal interests, the Committee concluded that its direction is proportionate.
129. The Committee therefore decided that the minimum and proportionate sanction it could impose in response to its finding of current impairment is to direct a Suspension of the Registrant's registration. Taking into account that the Committee considered the need for the Registrant to undertake full development of insight and remediation, which will take time, and the need to mark the

seriousness of the misconduct, the Committee concluded that the period of the Suspension is to be twelve months.

130. Taking into account its reasoning for imposing a Suspension, the Committee also directed that there will be a review of the Registrant's suspension order, which will be carried out towards the end of the Suspension. As the Guidance states at paragraph 21.32:

"This is because before a suspension or conditions are lifted, the Committee will need to be reassured that the registrant is fit to resume practice either unrestricted or with conditions, or further conditions. Where conditions have been imposed, the registrant must demonstrate to the Committee that they have satisfied the conditions imposed at the previous hearing (Bamgbelu v General Dental Council [2013] EWHC 1169)."

131. The Committee cannot bind a future reviewing panel. However, it will be of assistance to the reviewing Committee if the Registrant attends the review in person. It is a matter for the Registrant what information she provides at a review, but it may assist the next Committee if the Registrant provides:

- a. Written reflections to demonstrate her insight into this Committee's concerns, her misconduct and the impairment
- b. The Registrant's strategies to deal with work-related stresses in the future
- c. Evidence of any CPD and other professional learning and development, with particular reference to keeping accurate patient records and maintaining professional ethics and integrity
- d. Relevant testimonials and character references from those having ongoing knowledge of the Registrant's conduct, particularly from work, whether paid or unpaid.

Immediate Order under section 131

132. The Committee having decided to make a substantive Suspension order on the Registrant's registration, Ms Huxtable made an application pursuant to section 131 of the Opticians Act 1989 for the Committee to make an order that the Registrant's registration be suspended immediately.

133. Ms Huxtable submitted that in light of the Committee's findings that the Registrant posed a continuing risk to the public and because it was otherwise in the public interest, the Registrant had demonstrated no insight or remediation, there should be an immediate order. Ms Huxtable confirmed to the Committee that there was no interim order in place.

134. The Legal Adviser advised the Committee that it may make an order for immediate suspension following a finding of impairment of fitness to practise, if it is satisfied that to do so is necessary for protection of the public, or it is otherwise in the public interest, or it is in the best interests of the Registrant.

135. The Committee took into account that it had found that there is a continuing risk to the public and a need to protect the public. It was also in the wider public interest, due to that identified risk. It considered that, unless an immediate suspension is imposed, there would otherwise be no restriction in place during the period in which an appeal might be made, or until the appeal is disposed of, if made.

136. The Committee therefore determined to make an immediate suspension order on the Registrant's registration.

Chair of the Committee: Oluremi Alabi



Signature

Date: 8 May 2026

Registrant: Halima Khan

Signature *Registrant not present, sent via email*

Date: 8 May 2026

FURTHER INFORMATION
Transcript
A full transcript of the hearing will be made available for purchase in due course.
Appeal
Any appeal against an order of the Committee must be lodged with the relevant court within 28 days of the service of this notification. If no appeal is lodged, the order will take effect at the end of that period. The relevant court is shown at section 23G(4)(a)-(c) of the Opticians Act 1989 (as amended).
Professional Standards Authority
<p>This decision will be reported to the Professional Standards Authority (PSA) under the provisions of section 29 of the NHS Reform and Healthcare Professions Act 2002. PSA may refer this case to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland as appropriate if they decide that a decision has been insufficient to protect the public and/or should not have been made, and if they consider that referral is desirable for the protection of the public.</p> <p>Where a registrant can appeal against a decision, the Authority has 40 days beginning with the day which is the last day in which you can appeal. Where a registrant cannot appeal against the outcome of a hearing, the Authority's appeal period is 56 days beginning with the day in which notification of the decision was served on you. PSA will notify you promptly of a decision to refer. A letter will be sent by recorded delivery to your registered address (unless PSA has been notified by the GOC of a change of address).</p> <p>Further information about the PSA can be obtained from its website at www.professionalstandards.org.uk or by telephone on 020 7389 8030.</p>
Effect of orders for suspension or erasure
To practise or carry on business as an optometrist or dispensing optician, to take or use a description which implies registration or entitlement to undertake any activity which the law restricts to a registered person, may amount to a criminal offence once an entry in the register has been suspended or erased.
Contact
If you require any further information, please contact the Council's Hearings Manager at Level 29, One Canada Square, London, E14 5AA or by telephone, on 020 7580 3898.